

## STATE OFFICE OF PUBLIC DEFENSE INVOICE OF SUPERIOR COURT CLERK - INDIGENT CASE

Name and Address of Claims	ant:			
		Case Name		
		Superior Ct Cause	e #	
		Court of Appeals	#	
Included below are the clerk actual expenses of the clerk				nerein and the
Preparation of Clerk's Paper	rs pages a	t \$.50 per page	=	\$
Transmittal Charges Please specify items transmi	tted (e.g. VRP, CPs,)			\$
	TOTA	L COSTS	=	\$
I hereby certify that the item portions of the record ordere of those portions of the record	d by counsel or the trial	_		-
Ву:	(Clerk Signature)			
	(Title/Print Name)			
	Date	_		

Return <u>completed</u> invoice to:
Sharon McAferty Office of Public Defense PO Box 40957 Olympia WA 98504-0957
Direct inquiries to Sharon McAferty at (360) 956-2109.